TENNESSEE NATIONAL GUARD COUNTERDRUG DIVISION APPLICATION FOR ACTIVE DUTY SPECIAL WORK (ADSW)

PRIVACY ACT STATEMENT

1. Authority: Title 32, Sec 502(f) USC. 2. Principal Purpose(s): Application by individuals for the Counterdrug Program 3. Routine Uses: Used by members of the Counterdrug Directorate Staff to aid in the selection of the most qualified individual for the position to be filled. 4. Mandatory of Voluntary Disclosure and Effect on Individual not Providing Information.

a. Mandatory Disclosure b. Failure to provide information requested would result in not being considered for selection.

	to provide i	nformatión reques	ted would res	sult in not being	considered	for selection.	,	
1. NAME (las	st)	ı	(m	iddle)	2. HOME PHONE include (AREA CODE)			
3. DATE OF E	BIRTH	4. SSAN		5. GRADE		DE/BRANCH	6. SSI/MOS/AFSC (With Description)	
7. MARITAL STATUS SINGLE				8. SECURITY CLEARANCE TOP SECRET NONE			9. MIL PAY ENTRY BASIC DATE (Required)	
MARRIED NUMBER OF DEPENDENTS				NAC COMPLETION DATE: BI COMPLETION DATE:			10. AGE	
11. HOME AD	DDRESS (nur	nber, street, city, s	tate, zip code	2)				
12. POC FOR EMERGENCY							12. a. POC PHONE include (AREA CODE)	
13. MEMBER	SHIP IN ORG	ANIZATIONS (soc	cial, communi	ty, professional)			
14a. CURRENT NG ASSIGNMENT (Unit, location, job ti)			14b. UNIT COMMANDER'S NAME	
15. CIVILIAN	EDUCATION	(highest level only) / MILITARY	EDUCATION	(Use back f	or additional information	n)	
NAME OF SCHOOL FF			FROM (yr)		O yr)	DEGREE RECD	FIELD OF STUDY	
16. CIVILIAN	EMPLOYMEN	NT (Show only last	10 years)				·	
FROM TO POSITION TITLE ANNUAL SALARY						EMPLOYERS NAME AND ADDRESS		

CD-APP (Front) 26-Oct-00

PRIVACY	ΔCT	STA	1FNT

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To be completed by the individual:							
I do hereby authorize the Deputy Chief of Staff, Counterdrug to query the results of any drug screening conducted by the Tennessee National Guard Substance Abuse Office of which I have been a participant. I understand this procedure is established to ensure each member upholds the highest standards of discipline and moral bearing that is requisite of a Tennessee National Guard member serving with the Counterdrug Division.							
Typed Name, Grade: Signature:							
To be completed by the Commander:							
I certify that the individual has been weighed on and that his/her height/weight is/ Maximum Allowed:							
I certify that the individual has been weighed on and that his/her body fat is Body Fat Standard:							
I am aware of issues concerning previous drug abuse activity that should preclude the applicant from serving on CD duty? YES NO If "YES" please explain in Comments block.							
Under the provisions of NGR 500-2 / ANGI 10-801 dated 31 March 2000, I certify and recommend the above to be an appropriate representative of the Tennessee National Guard and is suitable for duty with the Counterdrug Program. The individual is aware that these operations are subject to potentially high profile in the news media as well as the general public; therefore, he/she will be required to uphold the highest standards of personal/military conduct and appearance. The Tennessee National Guard member understands that the Counterdrug Staff will conduct an integrity screening that will include: (an interview, a review of military personnel records, a urinalysis testing, a favorable Entrance National Agency Check (ENTNAC)/ National Agency Check (NAC), and be medically qualified).							
Typed Name, Grade, Title, Phone Number of Commander: Signature:							
COMMENTS / ADDITIONAL INFORMATION:							

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